

DEPARTMENT OF SOCIAL SERVICES

744 P Street, MS 19-96, Sacramento, CA 95814



June 27, 2003

ALL-COUNTY LETTER: 03-32

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

Reason For This Transmittal

- ☐ State Law Change
- ☒ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by one or More Counties
- ☐ Initiated by CDSS

**SUBJECT: 2002 FEDERAL POVERTY LEVEL FOR THE AGED AND
DISABLED FEDERAL POVERTY LEVEL (A&D FPL) PROGRAM
FOR COUPLES**

REFERENCE: Department of Health Services (DHS) All-County Welfare Directors Letter (ACWDL) 02-24, April 30, 2002;
ACWDL 02-24E, June 10, 2002;
California Department of Social Services (CDSS) All-County Letter (ACL) No. 02-11, January 25, 2002;
County Fiscal Letter (CFL) 01/02-50, March 19, 2002.

The purpose of this ACL is to follow up on a DHS erratum to ACWDL 02-24 that informs counties of the 2002 effective Income Standard for the retro period of April 1, 2002 to March 31, 2003. The 2002 effective Income Standard has an effect on the Personal Care Services Program (PCSP) for couples who attain eligibility for PCSP through their eligibility for Medi-Cal under the DHS A&D FPL program for this period. (We regret any confusion that the delay in issuing this ACL may cause.) You can expect a follow up ACL that will address the income standard for couples 2003.

The DHS provided instructions to county Medi-Cal staff on the A&D FPL effective Income Standard for couples in ACWDL 02-24 (see Attachment 1). The erratum (ACWDL 02-24E) clarified those instructions (see Attachment 2).

2002 EFFECTIVE INCOME LIMIT INCREASE FOR COUPLES

Section 14005.40(c)(1) of the Welfare & Institutions Code requires that the A&D FPL couple's income standard be no less than the Supplemental Security Income/State Supplemental Payment (SSI/SSP) payment level for a couple. The SSI/SSP payment level for an aged or disabled couple living in their own home is \$1,332. Effective January 1, 2002, the A&D FPL effective Income Standard for couples is \$1,332.

INSTRUCTIONS FOR COMPLETING THE MEDI-CAL “AGED & DISABLED FEDERAL POVERTY LEVEL PROGRAM FINANCIAL ELIGIBILITY FORM” (MC 176)

An MC 176 is included for reference as Attachment 3. The MC 176 may be filled out by county In-Home Supportive Services (IHSS) workers and provides for the entry of the couple disregard on Line 16 and 100% of the FPL amount on Line 21. The implementation of this form as it relates to determining share-of-cost for IHSS/PCSP is properly reported to the time study codes 1034. Because the SSI/SSP payment level for couples exceeds the statutory couple disregard amount plus 100% of the FPL amount, the couple SSI/SSP payment level must be allocated on the form. Completion of the MC 176 for the purposes of determining Medi-Cal eligibility, are properly reported to Program Code 215 (refer to CFL 01/02-50).

For the months of January, February, and March, 2002, the FPL for couples was \$968. This leaves an income disregard amount of \$364. The \$364 is to be entered on Line 16 and an FPL amount of \$968 is to be entered on Line 21. This results in a total sum of \$1332.

Effective April 2002 and until further change, an income disregard amount of \$337 is to be entered on Line 16 with a FPL amount of \$995 to be entered on Line 21. Again, this results in a total sum of \$1332.

SPECIAL PRE-AUTHORIZATION TRANSACTION INSTRUCTIONS

A&D FPL couple instructions were not available as of January 1, 2002. As a result, couples may have paid more for services in the IHSS/PCSP program than was required. An Adjustment Transaction, Type “C” and Reason “O2” on the Case Management, Information and Payrolling System (CMIPS) Special Pre-Authorized Transactions screen may be used to reimburse these recipients that overpaid for services. The CMIPS User’s Manual, Section XI, IHSS Special Pre-Authorized Transactions, SOC 312, and page XI-A-1 through page XI-B-10 provide instructions on this process.

The effective Income Standard for couples was previously \$1278 as of April 1, 2001 and, as discussed, increased to \$1332. This \$54 increase in the effective Income Standard allows couples who had income just above the previous effective Income Standard to be eligible for the A&D FPL program. Cases where the effective income is just below and above the current effective Income Standard, need to be reviewed for any changes to program eligibility.

EFFECTS OF THE RETIREMENT SURVIVORS AND DISABILITY INSURANCE (RSDI) JANUARY 1, 2002, COST OF LIVING ADJUSTMENT (COLA)

Counties are reminded not to apply the 2002 RSDI COLA when evaluating cases for A&D FPL eligibility between January 1, 2002 and April 1, 2002. After April 1, 2002, the 2002 RSDI COLA can be applied. (See ACL 02-11 and Welfare & Institution Code 14005.40(f)).

MEDI-CAL A&D FPL PROGRAM, INFORMATION NOTICE

The attached information notice (Attachment 4/4B) must be mailed to all newly eligible couples.

If there are any questions regarding the changes, please contact Alan Stelmack, Chief, Adult Programs Branch at (916) 229-4582.

Sincerely,

*Original Signed By
Donna L. Mandelstam on 6/27/03*

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachments

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941

ATTACHMENT 1

April 30, 2002



TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Mental Health Directors
All County Health Executives

Letter No. 02-24

**AGED AND DISABLED FEDERAL POVERTY LEVEL (A & D FPL) PROGRAM
(INCREASE IN THE INCOME DISREGARD FOR COUPLES)**

Welfare and Institutions Code, Section 14005.40 (1) requires that the A & D FPL couple's income standard be no less than the Supplemental Security Income/State Supplemental Program (SSI/SSP) couple payment standard. The FPL for two is \$968 and the income disregard for the A & D FPL program is \$310. The amount of the A & D disregard can be adjusted to make the A & D FPL couple's income standard equal to the SSI/SSP couple payment standard.

The 2002 SSI/SSP couple payment standard is \$1,332. The A & D FPL couple's income standard is \$1,278 (\$968 + \$310). The SSI/SSP couple payment standard exceeds the A & D FPL couple's income standard by \$54. Counties are to adjust the A & D disregard to \$364 to make the A & D FPL couple's income standard \$1,332. This amount equals the SSI/SSP couple payment standard.

This change is effective January 1, 2002. If you have any questions concerning this information, please contact Mr. Craig Yagi at (916) 657-1182.

Sincerely,

ORIGINAL SIGNED BY

Richard Brantingham
Acting Chief
Medi-Cal Eligibility Branch

ATTACHMENT 2

State of California—Health and Human Services Agency
Department of Health Services



California
Department of
Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.
Director

June 10, 2002

GRAY DAVIS
Governor

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Mental Health Directors
All County Health Executives
All County MEDS Liaisons

Letter No.: 02-24E

ERRATA TO ALL COUNTY WELFARE DIRECTORS LETTER NO. 02-24 (AGED AND
DISABLED FEDERAL POVERTY LEVEL (A&D FPL) PROGRAM INCREASE IN THE
INCOME DISREGARD FOR COUPLES)

This errata is issued to correct an omitted adjustment to the 2002 Supplemental
Security Income/State Supplemental Program (SSI/SSP) couple payment level.

Welfare and Institutions Code, Section 14005.40 (1) requires that the A&D FPL
couple's income standard be no less than the SSI/SSP couple payment standard. The
2002 SSI/SSP couple payment standard is \$1,332. For the months of January,
February, and March, the FPL for two was \$968. A couple would receive an income
disregard of \$364 ($\$968 + \$364 = \$1,332$). As of April 2002, and forward until the FPL
changes, use \$995 as the FPL for a couple and \$337 as the income disregard
($\$995 + \$337 = \$1,332$).

This change is effective January 1, 2002. If you have any questions concerning this
information, please contact Mr. Craig Yagi at (916) 657-1182.

Sincerely,

ORIGINAL SIGNED BY

Richard Brantingham
Acting Chief
Medi-Cal Eligibility Branch



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

714 P STREET, ROOM 1692, P.O. BOX 942732, SACRAMENTO, CA 94234-7320

(916) 657-2941

Internet Address: www.dhs.ca.gov

ATTACHMENT 3

AGED & DISABLED FEDERAL POVERTY LEVEL PROGRAM FINANCIAL ELIGIBILITY FORM

CASE NAME		COUNTY DISTRICT		COUNTY USE	
APPLICANT'S NAME (If different from above)		CASE #		EFFECTIVE ELIG. DATE FOR THIS BUDGET	
				Month	Year
NAME ADDITIONAL MFBU MEMBER (SPOUSE)		NAME OF ADDITIONAL MFBU MEMBER (CHILD)		OTHER COVERAGE	
NEW APP.		REDETERMINATION		CHANGE	
				RETRO ELIG.	
				CORRECTION	
PART A Is the applicant(s)/beneficiary(ies) aged or disabled per Title 22, Sections 50221, 50223, & 50167:					
Yes, then go to Part B No: Do not complete this form; If not aged refer for disability determination					
PART B INCOME ELIGIBILITY DETERMINATION					
I UNEARNED INCOME					
		Elig. Individual	Elig. Spouse/Child/Parent	Inelig. Family Membr #1	Inelig. Family Membr #2
1	OASDI	\$	\$	\$	\$
2	PROPERTY NET INCOME	\$	\$	\$	\$
3	IN-KIND INCOME	\$	\$	\$	\$
4	OTHER INCOME (Include Source of Other Income)	\$ Source:	\$ Source:	\$ Source:	\$ Source:
5	OTHER INCOME (Include Source of Other Income)	\$ Source:	\$ Source:	\$ Source:	\$ Source:
6	TOTAL INCOME INDIVIDUAL UNEARNED INCOME (ADD 1 THRU 5 IN EACH COLUMN)	Total of Above Boxes: \$	Total of Above Boxes: \$	Total of Above Boxes: \$	Total of Above Boxes: \$
7	COMBINED UNEARNED INCOME (Add Totals From Row 6)		TOTAL OF BOXES IN ROW 6: \$		
8	SUBTRACT \$20 (Any Income Deduction)		- \$20		
9	REMAINING UNEARNED INCOME		\$		
II EARNED INCOME					
		Elig. Individual	Elig. Spouse/Child/Parent	Inelig. Family Membr #1	Inelig. Family Membr #2
10	GROSS EARNED INCOME	\$	\$	\$	\$
11	COMBINED EARNED INCOME (Add Amounts In Row 10)		\$		
12	\$ 65 EARNED INCOME DEDUCTION PLUS \$ FROM UNUSED \$20 DEDUCTION		- \$		
13	REMAINING EARNED INCOME (Subtract line 12 from Line 11)		=		
14	50% EARNED INCOME DEDUCTION (Divide line 13 by 2)		\$		
III NET NONEXEMPT INCOME AND ELIGIBILITY DETERMINATION					
15	TOTAL EARNED AND UNEARNED INCOME (Add lines 9 and 14)		\$		
16	DISREGARD FOR QUALIFIED INDIVIDUALS OR QUALIFIED COUPLES		- \$		
17	HEALTH INSURANCE PREMIUMS		- \$		
18	AGED & DISABLED MEDICALLY NEEDY DEDUCTIONS: SPECIFY		- \$		
19	Deduction for Allocation to Ineligible Fam. Mbrs (= MNL for number of Ineligible Family Members)		- \$		
20	NET NONEXEMPT INCOME (Line 15 - Lines 16 thru 19)		= \$		
21	PROGRAM INCOME LIMIT (100% FPL For Number of Individuals Being Evaluated For Eligibility)		\$		
22	ELIGIBLE IF LINE 20 AMT IS LESS THAN OR EQUAL TO LINE 21 AMT		ELIGIBLE NOT ELIGIBLE		
23	NOTE: If ineligible, assess for eligibility for other Medi-Cal programs				

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814

**ATTACHMENT 4****INFORMATION SHEET****Medi-Cal Aged and Disabled Federal Poverty Level Program**

Dear IHSS/PCSP Recipient:

The Aged and Disabled Federal Poverty Level Program is a Medi-Cal benefit that can reduce your current share-of-cost payment to zero if you meet all eligibility requirements. This program is available to Personal Care Services Program (PCSP) recipients who meet the following basic requirements:

1. Aged (65 years of age or older).
2. Disabled (no age requirement).
3. Have at least one IHSS provider who is an authorized PCSP provider. Spouses of recipients and parents of recipients who are minor children are not authorized PCSP providers.
4. Pay or would pay a share-of-cost for PCSP services.
5. Have a countable income below a certain limit (varies with individuals, couples or part of a family unit).
6. Must be PCSP eligible. If you are receiving advance pay you are not PCSP eligible and not eligible for the Aged and Disabled Federal Poverty Level Program.

The county's IHSS worker must determine your actual eligibility for this program. Alternatively, a Medi-Cal intake worker can also determine your A&D FPL eligibility. If you are found eligible, you will receive an In-Home Supportive Services **Notice of Action** that will provide you with information of the change in your share-of-cost payment from your current level to zero (\$0.00).

The change was added by Assembly Bill 2877, Chapter 93, Statutes of 2000, which added Section 14005.40 Welfare and Institutions Code.

Any changes in your financial status must be reported immediately to your county social worker.

If you have any questions, please contact your county social worker.

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814

**ATTACHMENT 4B****ADJUNTO 4B**

**Programa de Medi-Cal de Ancianos y Desabilitados
del Nivel Federal de Pobreza
Hoja de Informacion**

Apreciable Recipiente de IHSS/PCSP:

El Programa de Ancianos y Desabilitados del Nivel Federal de Pobreza es un beneficio de Medi-Cal que puede reducir su prevaeciente pago de su parte de costo a cero, si usted reúne todos los requisitos de elegibilidad. Este programa esta disponible para recipientes del Programa de Servicios de Cuidado Personal (PCSP) los cuales reúnen los siguientes requerimientos basicos:

1. Edad (65 anos de edad o mayor).
2. Desabilitado (no hay requerimientos de edad).
3. Tener cuando menos un proveedor de IHSS el cual sea proveedor autorizado de PCSP. Esposos de recipientes y padres de recipientes los cuales son ninos menores de edad no estan autorizados como proveedores de PCSP.
4. Paga o pagaria una parte de costo por los servicios de PCSP.
5. Tener un ingreso calculado abajo de cierto limite (varea segun cada persona, pareja o parte de una unidad familiar).
6. Tiene que ser elegible para PCSP. Si usted esta recibiendo el pago adelantado, usted no es elegible para PCSP y no es elegible para El Programa de Ancianos y Desabilitados del Nivel Federal de Pobreza.

El/la trabajador(a) de IHSS del condado tiene que determinar su elegibilidad real para este programa. Alternativamente, el trabajador inicial de Medi-Cal tambien puede determinar su elegibilidad de A&D FPL. Si usted es hallado elegible, usted recibira una noticia de accion de Servicios De Apoyo En El Hogar el cual le proveera informacion del cambio de pago de su parte de costo de su nivel prevaeciente a cero (\$0.00).

El cambio fue anadido por el Proyecto de ley de la Asamblea 2877, Capitulo 93, Estatuto del 2000, el cual anadio la Seccion 14005.40 delCodigo de Bienestar y Instituciones.

Cualquier cambio en su posicion financiera tiene que ser reportado inmediatamente a su trabajadora social del condado.

Si usted tiene cualquier pregunta, por favor comuniquese con su trabajadora social del condado.